

UNITED STATES DISTRICT COURT

Nicole Harris  
1215 Ashby St.  
Staunton, Va 24401

Jordan Polk  
1404 Armstrong Ave  
Staunton, Va 24401

for the  
Eastern District of Virginia  
Civil Division  
Norfolk

) Case No.

2:21-cv-00499  
(to be filled in by the Clerk's Office)

*Plaintiff(s)*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

*Defendant(s)*

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

*Amendment* COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Nicole Harris  
1215 Ashby St  
Staunton, Va 24401  
Va 24401  
540 849 4398  
blotfish 84@attlocal.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

7

Joseph L. Polk

1404 Armstrong Ave  
Staunton, Va 24401  
(540) 849-4388

JosephPolk@gmail.com

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

Harbor Point Behavioral Health

381 Foxt Lane

Portsmouth

Virginia

757

Defendant No. 2

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

Kara Paccadolmi

(CPS) Social Worker

105 Dick Huff LN.

Verona (Augusta Cty)

Virginia 24482

5402458588

Kara.paccadolmi@dss.Va.gov

Defendant No. 3

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

Ann Radford

Psychologist

381 Foxt Lane

Portsmouth, Va

Virginia

757 330-0501

Defendant No. 4

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

Gebnille Morenile

Resident in counseling

381 Foxt Lane

Portsmouth

Virginia

757 330-0501

Case# 2:21-cv-00499-RCY-RJK

Add Plaintiff:

① Jorjah Polk (540) 849 9120  
1404 Armstrong Ave  
Staunton, Va 24401  
Jorjahpolk@gmail.com

Add Defendant:

① Freddie Anderson (757) 363 0091  
301 Fort Lane  
Portsmouth, Va

② ~~Shenandoah~~ Shenandoah Valley Dept. of Social Services  
608 Dick Huff Lane (540) 819 245 5805  
Staunton, Va 24401

③ Universal Health Services

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*False Claims Act (when one willingly*

*knowingly provides false info for approval/payment*

*(Due Process) Quality of Care, Breach of Duty*

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

a. If the plaintiff is an individual

The plaintiff, (name) Nicole Harris, is a citizen of the State of (name) Virginia.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_ and has its principal place of business in the State of (name) \_\_\_\_\_

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) Harbor Point, BHC, is incorporated under the laws of the State of (name) Virginia, and has its principal place of business in the State of (name) Virginia.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$500,000 : year's worth of gas, hotels, rentals, countless hours researching & mental impairment of my child due to this traumatic experience.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

\* For eleven months HPBHC expected my child to come to terms of why she was in DSS care & coping with it. She had no discharge date, (Judge ordered release in Dec 2016) was punished for sharing her suicidal thoughts @ group. Chemical Restraint, unnecessary weight loss meds (metformin diabetic meds) Staff NAS not licensed to work w/ mental Emotional Kids.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Child suffers from PTSD & often has night terrors of being back in HPBHC. Her thyroid is suppressed from being put on numerous, uncalled for meds. Two of the meds should have never been given to my child, she did not benefit from inpatient & the least restricted environment is

---

## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

9/29/2021

Signature of Plaintiff

Nicole Harris

Printed Name of Plaintiff

Nicole Harris

### B. For Attorneys

Date of signing:

\_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Street Address

\_\_\_\_\_

State and Zip Code

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_